

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	MODULAR SAFETY RAIL SYSTEM
Attorney Docket Number::	3009-1011
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	3
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: ENGLAND
Status:: Full Capacity
Given Name:: PHILIP
Middle Name:: MAURICE
Family Name:: HIGGS
City of Residence:: BERKSHIRE
State or Province of
Residence::
Country of Residence:: ENGLAND
Street of Mailing 34 ARMOUR HILL, TILEHURST, READING
Address::
City of Mailing Address:: BERKSHIRE
State or Province of Mailing Address::
Country of Mailing Address:: ENGLAND
Postal or Zip Code of Mailing Address:: RG31 6JP

Applicant Authority Type:: Inventor
Primary Citizenship Country:: ENGLAND
Status:: Full Capacity
Given Name:: CHARLES
Middle Name:: WILLIAM STRATFORD
Family Name:: PRESANT
City of Residence:: BERKSHIRE
State or Province of
Residence::
Country of Residence:: ENGLAND
Street of Mailing 73 BROOMHILL, COOKHAM RISE
Address::
City of Mailing Address:: BERKSHIRE
State or Province of Mailing Address::
Country of Mailing Address:: ENGLAND

Postal or Zip Code of Mailing Address:: SL6 9LJ

Correspondence Information

Correspondence Customer 000466

Number::

Representative Information

Representative Customer	000466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
GREAT BRITAIN	0215380.7	7/4/02	Yes

Assignment Information

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::